

PROOF OF CLAIM
N & N LAND SERVICE dba TOWN CREEK FUNERAL HOME
IN LIQUIDATION
IN THE CIRCUIT COURT OF LAWRENCE COUNTY, ALABAMA

NAME
ADDRESS
CITY, STATE ZIP

This Proof of Claim must be completed, signed under oath, and sent by first class mail to Denise B. Azar, Receiver, N & N Land Service dba Town Creek Funeral Home, P O Box 303353 Montgomery AL 36130, Attn: Proof of Claim. This Proof of Claim should be sent as soon as possible, but POSTMARKED NO LATER THAN September 30, 2005, OR THE CLAIM MAY BE DENIED.

PLEASE READ THE ACCOMPANYING NOTICE AND INSTRUCTIONS BEFORE COMPLETING THIS FORM. Mark "NA" or "Not Applicable", where appropriate. PLEASE TYPE OR PRINT. A SEPARATE PROOF OF CLAIM SHOULD BE COMPLETED AND FILED FOR EACH CLAIM.

1. You are making this claim as (mark one) individual____, corporation____, partnership____, agent____, or other____

2. Please set forth the name, address and phone number of the claimant:
Name_____
Street Address_____
City_____ State_____ Zip_____ Phone_____

3. This claim is filed as a(n) unsecured/secured claim. (Please circle one.)
_____ Date claim was incurred: _____
Total Amount Claimed _____
4. Explanation of Claim. Please attach documentation to support claim amount. Attach additional sheets if necessary.
 - a. The consideration for this debt (or ground of liability) is as follows:

 - b. If this claim is founded on a written instrument, please attach a copy of such written instrument or if it cannot be attached please set for the reason therefore.

 - c. If you have received compensation for your claim, please state the amount of the payment received and the identity of the payor_____

 - d. Please state whether this claim is subject to any set off, counterclaim or defense:

(OVER-COMplete OTHER SIDE)

- e. Please set forth the identity of amount of security for the claim, if any (evidence of the security interest and its perfection should be attached): _____
- f. Please set forth any right of priority of payment, or other specific right, you believe you may have: _____
5. If you have been sued or have instituted suit in connection with the claim, indicate the court, term, case number, date filed, whether judgment has been entered, and the date of judgment, if any: _____
6. If an attorney represents you in this claim, please give the following information:
- Attorney's name _____ Law Firm _____
- Address _____
- City _____ State _____ Zip _____ Phone _____

The undersigned subscribes and affirms under penalties of perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of N & N Land Service dba Town Creek Funeral Home, are true; that no payment of or on account of the aforesaid claim has been made except as above stated; that claimant has no knowledge of anyone else filing a claim on behalf of claimant; that there are no offsets, counterclaims or defense thereto except as above stated; and that claimant is not a secured creditor or claimant has no security interest, except as above stated.

To the extent that this claim arises from a cause of action the undersigned has against an insured of N & N Land Service dba Town Creek Funeral Home; the undersigned acknowledges and agrees, by signing below, that the filing of this claim releases the insured's liability to the undersigned on that cause of action in the amount of the insured's applicable policy limit.

Claimant's Signature _____ Title, if applicable _____

Print Name _____

Telephone No. _____ Social Security or Tax ID# _____

Subscribed and sworn to before me, a Notary Public this _____ day of _____, 20_____.

Signature of Notary Public _____

Printed Name of Notary Public _____

I am a resident of _____ County, _____ (State).

My commission expires _____.

DEADLINE FOR FILING CLAIMS IS
SEPTEMBER 30, 2005